

Application Data Sheet

Application Information

Application number:: Unassigned
Filing Date:: Herewith
Application Type:: Regular
Subject Matter:: Utility
Title:: EXTRAVASCULAR ANASTOMOTIC
COMPONENTS AND METHODS FOR FORMING
VASCULAR ANASTOMOSES
Attorney Docket Number:: 019
Request for Early Publication:: No
Request for Non-Publication:: No
Suggested Drawing Figure:: 5A
Total Drawing Sheets:: 14
Small Entity?:: Yes
Petition included?:: No
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: David
Family Name:: Cole
City of Residence:: Cupertino
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 10728 Maxine Avenue
City of Mailing Address:: Cupertino
State or Province of mailing address:: CA

Country of mailing address:: US
Postal or Zip Code of mailing address:: 95014

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Michael
Family Name:: Reo
City of Residence:: Redwood City
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 701 Baltic Circle, Unit 731
City of Mailing Address:: Redwood City
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94065

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Dean
Family Name:: Carson
City of Residence:: Mountain View
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 1652 Yale Drive
City of Mailing Address:: Mountain View
State or Province of mailing address:: CA
Country of mailing address:: US

Postal or Zip Code of mailing address:: 94040

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Darin
Family Name:: Gittings
City of Residence:: Sunnyvale
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 520 South Bayview Avenue
City of Mailing Address:: Sunnyvale
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94086

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: A.
Middle Name:: Adam
Family Name:: Sharkawy
City of Residence:: Redwood City
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 731 Canyon Road
City of Mailing Address:: Redwood City
State or Province of mailing address:: CA
Country of mailing address:: US

Postal or Zip Code of mailing address:: 94062

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Mark
Family Name:: Foley
City of Residence:: Menlo Park
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 11151 Hobart Street
City of Mailing Address:: Menlo Park
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94304

Correspondence Information

Name:: HOEKENDIJK & LYNCH, LLP
Street of mailing address:: P.O. Box 4787
City of mailing address:: Burlingame
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94011-4787

Representative Information

Representative Designation:: Primary	Representative Number:: 36,403	Representative Name:: Michael J. Lynch
Associate	37,149	Jens E. Hoekendijk

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Non-provisional	60/255,635	12/13/00
Which	Claims benefit	09/562,599	04/29/00
Which	Claims benefit	09/638,805	08/12/00
Which	Claims benefit	09/851,400	05/07/01
Which	Claims benefit	09/915,226	07/23/01
Which	Claims benefit	60/323,923	09/15/01

Foreign Priority Information

Country::	Application number::	Filing Date::
WO	PCT/US01/25197	08/10/01

Assignee Information

Assignee Name::	Ventrica, Inc.
Street of mailing address::	5055 Brandin Court
City of mailing address::	Fremont
State or Province of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	94538